

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         |           |        |          |
| O.I.P.E. CLASSIFIER       |           |        |          |
| FORMALITY REVIEW          | <i>GS</i> | 538    | 09-06-01 |
| RESPONSE FORMALITY REVIEW | <i>SI</i> | 1021   | 01/29/02 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Rejected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
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| Claim | Date     |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here